
CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on Fri Oct 11 18:14:49 EDT 2013 by mike@eagletelephone.com .

SAC : 532369

SPIN : 143002617

Carrier Name : EAGLE TEL SYSTEMS

Program Year : 2014

[Return to 481 Search](#)

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[Website & Privacy Policies](#)

10/11/2013

Rusti Lattin

From: PUCefiling.Confirmation@state.or.us
Sent: Tuesday, October 15, 2013 12:41 PM
To: comco@eagletelephone.com
Subject: Docket Number UM 1652--New eFiling Submitted--Tracking #20251

The following filing was received on 10/15/2013.

* PRINT OUT THIS EMAIL MESSAGE AND ATTACH IT TO THE PAPER COPIES TO BE SENT TO THE PUBLIC UTILITY COMMISSION.

* PAPER COPIES ARE NOT REQUIRED FOR R*(REPORT) FILINGS, EXCEPT:

- When the information in the report is designated as confidential
- For results of operation reports
- By special request of PUC staff

Tracking #: 20251

Type of Filing: UM - TELECOMMUNICATIONS MISCELLANEOUS FILINGS

Description: Eagle Telephone System, INC OPUC481FILING Docket #: UM 1652

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Oregon Public Utility Commission, <<<http://www.puc.state.or.us>>>

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532369
<015> Study Area Name	EAGLE TEL SYSTEMS
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rusti Lattin
<035> Contact Telephone Number: Number of the person identified in data line <030>	541-893-6111
<039> Contact Email Address: Email of the person identified in data line <030>	rusti@eagletelephone.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<410> Fixed	0.0	
<420> Mobile	0.0	
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<440> Fixed	0.0	
<450> Mobile	0.0	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<510> 532363OR510-54	(attached descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<610> 532363OR610	(attached descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<1010> <input type="radio"/> <input checked="" type="radio"/>	(attach descriptive document)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<1110> <input type="radio"/> <input checked="" type="radio"/>	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

-- See attached worksheet --

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SVSTMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com
<810>	Reporting Carrier	Eagle Telephone System, Inc.
<811>	Holding Company	n/a
<812>	Operating Company	n/a

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☒

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

EAGLETELEPHONELIFELINE

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.eagletelephone.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

Eagle Telephone System is a community telecommunications service provider who offers basic and enhanced services at reasonable rates within its serving areas. Basic services are offered at the following rates:

Single Party Residence Service	\$11.60	Caller ID	\$5.50
*Plus Additional taxes		Call Forwarding	\$0.50
Single Party Business Service	\$16.95	Call Waiting	\$0.50
Federal Subscriber Line Charge: Single Line	\$6.50	Three-Way Calling	\$0.50
(Residential & Business)		Voice Messaging, Basic	\$2.50
*FCC Access Recovery Charge	\$0.50		
Federal Subscriber Line Charge: Multi-Line	\$9.20	Emergency 911 Services	\$0.75
(Business)			
*FCC Access Recovery Charge	\$1.00		

Low-income individuals eligible for Lifeline and Link-Up telephone assistance programs may receive discounts off these basic local service charges through state-specific telephone assistance plans.

Basic services are offered to all consumers in the Eagle Telephone System territories at the rates, terms and conditions specified in the Company's tariffs. If you have any questions regarding the Company's services, please call us at 541-893-6111 for further information.

www.eagletelephone.com



**EAGLETELEPHONE
SYSTEM**

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532369
<015>	Study Area Name	EAGLE TEL SYSTEMS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	532369
<015> Study Area Name	EAGLE TEL SYSTEMS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035> Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039> Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification [47 CFR § 54.313(f)(1)(i)] Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021) Management letter issued by the Independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	532363OR3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532369
<015> Study Area Name	EAGLE TEL SYSTEMS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035> Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039> Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	EAGLE TEL SYSTEMS
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/11/2013
Printed name of Authorized Officer:	Mike Lattin
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	541-893-6111
Study Area Code of Reporting Carrier:	532369 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532369
<015> Study Area Name	EAGLE TEL SYSTEMS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rusti Lattin
<035> Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039> Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	532369
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<035>	Contact Telephone Number - Number of person identified in data line <030>	541-893-6111
<039>	Contact Email Address - Email Address of person identified in data line <030>	rusti@eagletelephone.com

<810>	Reporting Carrier	Eagle Telephone System, Inc.
<811>	Holding Company	n/a
<812>	Operating Company	n/a

[illegible]

AFFIDAVIT CERTIFYING COMPLIANCE WITH SERVICE
QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc., and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission, Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireline voice services:

- 1) Eagle Telephone System, Inc., has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Eagle Telephone System, Inc., has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Eagle Telephone System, Inc., discloses all of our rates and terms of service to the customer, in the form of plan pamphlets and information on our website. We provide contract terms to customers and confirm changes in service. We allow a 30 day trial period for all new service connects. We provide specific disclosures in our advertising. We separately identify carrier charges from state and federal taxes on our billing statements and we also disclose said taxes on our website and plan pamphlets. We provide the customer the right to terminate service for changes to contract terms. We provide ready access to customer service with our telephone number and customer service contact information on our website and billing statements. We respond to customer inquiries and complaints from government agencies within 30 days of receiving complaints from any such agency. We abide by federal CPNI laws regarding customer privacy.

DATED this 11th day of October, 2013.

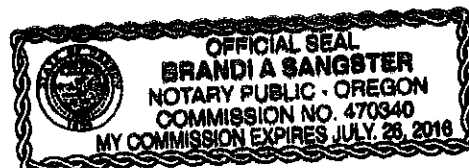
Eagle Telephone System, Inc.

By: 
Mike Lattin
President

SUBSCRIBED AND SWORN to before me this 11th day of October, 2013.

Brandi A. Sangster
Notary Public in and for the State of Oregon

My Commission Expires: July 26, 2016



AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY
54.313(a)(5) AND 54.313(a)(6)

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission, Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wire-line voice services:

- 1) Eagle Telephone System, Inc., is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.
- 2) All of Eagle Telephone System, Inc. Remote AFC cabinets are equipped with generators and battery backup systems. These systems immediately kick on if the main power to the cabinets has failed. The Central Office/Switch is also equipped with a generator and battery backup system that kicks on in the event of a power failure. Any time that there is an emergency situation such as a power failure we are able to provide service to our customers.
- 3) Our main customer service office is also equipped with a generator system so that if the power is down we are still able to remain open to service customer inquiries, answer our landline phones, and take care of any other customer service issues; during normal operating hours.

DATED this 11th day of October, 2013.

Eagle Telephone System, Inc.

By: _____

Mike Lattin
President

SUBSCRIBED AND SWORN to before me this 11th day of October, 2013.

Brandi A Sangster
Notary Public in and for the State of Oregon

My Commission Expires: July 26, 2016

